

RS-1 FORM YEAR 2005



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

**UNIFORM APPLICATION FOR SINGLE STATE REGISTRATION FOR MOTOR CARRIERS OPERATING
UNDER AUTHORITY ISSUED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**

MAIL COMPLETED FORM TO:

MODOT – MOTOR CARRIER SERVICES
P.O. BOX 893, 1320 CREEK TRAIL DRIVE
JEFFERSON CITY, MO 65102-0893

IF ASSISTANCE NEEDED CALL: **573-751-3358 OR 1-866-831-6277**

FAX: 573-522-6708

MOTOR CARRIER IDENTIFICATION NUMBERS

USDOT NO	FMCSA MC NO(S)	FEIN NO
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APPLICANT (IDENTICAL TO NAME OF FMCSA)

NAME	TELEPHONE NUMBER
D/B/A	FAX NUMBER

PRINCIPAL PLACE OF BUSINESS ADDRESS ¹

STREET
CITY, STATE, ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS ABOVE)

STREET
CITY, STATE, ZIP CODE

TYPE OF REGISTRATION

- ☐ **New Carrier Registration** - The motor carrier has not previously registered.
- ☐ **Annual Registration** - The motor carrier is renewing its annual registration.
- ☐ **New Registration State Selection** - The motor carrier has changed its principal place of business or its prior registration state has left the registration program. The prior registration state was _____.

TYPE OF MOTOR CARRIER (CHECK ONE)

- ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY PARTNERSHIP
- ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY **STATE INCORPORATED:** _____

LIST NAME OF PARTNERS OR OFFICERS BELOW

NAME	TITLE

¹A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.

TYPE OF MOTOR CARRIER OPERATION (CHECK ONLY ONE BLOCK)

- ☐ TRANSPORTER OF **PROPERTY** - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
- ☐ TRANSPORTER OF **PROPERTY** - Using **only** freight vehicles with a gross vehicle weight rating of **less than** 10,000 pounds.
- ☐ TRANSPORTER OF **PASSENGERS** - Using vehicles with a seating capacity of 16 passengers or more.
- ☐ TRANSPORTER OF **PASSENGERS** - Using **only** vehicles with a seating capacity of 15 passengers or less.

FMCSA CERTIFICATE(S) OR PERMIT(S)

- ☐ FMCSA Authority Order(s) attached for first year registration.
- ☐ FMCSA Authority Order(s) attached for additional authority received.
- ☐ No change from prior year registration.

PROOF OF PUBLIC LIABILITY SECURITY (CHECK ONLY ONE BLOCK)

- ☐ The applicant or its insurance company **will file** a copy of its proof of public liability security to the registration state.
- ☐ The applicant or its insurance company **has filed** a copy of its proof of public liability security with the registration state and the insurance coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FMCSA order. A copy of the FMCSA insurance order is attached or has previously been filed with the registration state.

HAZARDOUS MATERIALS

- ☐ The applicant **will NOT haul** hazardous materials in any quantity.
- ☐ The applicant **will haul** hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance in accordance with Title 49 C.F.R. § 1043.2.
- ☐ The applicant **will haul** hazardous materials requiring **\$5 million** in Public Liability and Property Damage Insurance in accordance with Title 49 C.F.R. § 1043.2.

PROCESS AGENT

- ☐ FMCSA Form No. BOC-3 or blanket designation attached for new registration.
- ☐ FMCSA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agents.
- ☐ No change from prior year registration.

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)

NAME (PRINTED)

DATE

SIGNATURE

TITLE

